

Psychopathy Checklist

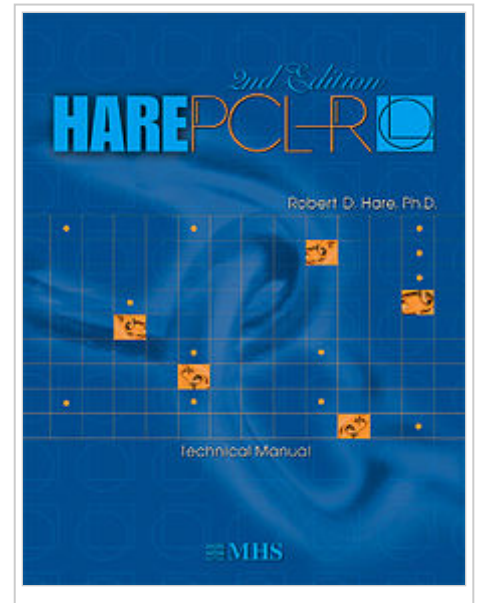
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The **Psychopathy Checklist** or **Hare Psychopathy Checklist-Revised**, now the **Psychopathy Checklist—revised (PCL-R)**, is a psychological assessment tool used to assess the presence of psychopathy in individuals.^[1] It is a 20-item inventory of perceived personality traits and recorded behaviors, intended to be completed on the basis of a semi-structured interview along with a review of 'collateral information' such as official records.

The PCL was originally developed in the 1970s by Canadian psychologist Robert D. Hare for use in psychology experiments, based partly on Hare's work with male offenders and forensic inmates in Vancouver, and partly on an influential clinical profile by American psychiatrist Hervey M. Cleckley first published in 1941.

An individual's score may have important consequences for his or her future, and because the potential for harm if the test is used or administered incorrectly is considerable, Hare argues that the test should be considered valid only if administered by a suitably qualified and experienced clinician under scientifically controlled and licensed, standardized conditions.^{[2][3]} Hare receives royalties on licensed use of the test.^[4]

In terms of psychometrics, the current version of the checklist has two factors (sets of related scores) that correlate about 0.5 with each other, with Factor One closer to Cleckley's original personality concept than Factor Two. Hare's checklist does not incorporate the "positive adjustment features" that Cleckley did.^[5]



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PCL-R model of psychopathy

The PCL-R is used for indicating a dimensional score, or a categorical diagnosis, of psychopathy for clinical, legal or research purposes.^[6] It is rated by a mental health professional (such as a psychologist or other professional trained in the field of mental health, psychology, or psychiatry), using 20 items. Each of the items in the PCL-R is

scored on a three-point scale according to specific criteria through file information and a semi-structured interview.

The scores are used to predict risk for criminal re-offense and probability of rehabilitation.

The current edition of the PCL-R officially lists three factors (1.a, 1.b, and 2.a), which summarize the 20 assessed areas via factor analysis. The previous edition of the PCL-R^[7] listed two factors. Factor 1 is labelled "selfish, callous and remorseless use of others". Factor 2 is labelled as "chronically unstable, antisocial and socially deviant lifestyle". There is a high risk of recidivism and mostly small likelihood of rehabilitation for those who are labelled as having "psychopathy" on the basis of the PCL-R ratings in the manual for the test, although treatment research is ongoing.

PCL-R Factors 1a and 1b are correlated with narcissistic personality disorder.^[8] They are associated with extraversion and positive affect. Factor 1, the so-called core personality traits of psychopathy, may even be beneficial for the psychopath (in terms of nondeviant social functioning).^[9]

PCL-R Factors 2a and 2b are particularly strongly correlated to antisocial personality disorder and borderline personality disorder and are associated with reactive anger, criminality, and impulsive violence. The target group for the PCL-R in prisons in some countries is criminals convicted of delict and/or felony. The quality of ratings may depend on how much background information is available and whether the person rated is honest and forthright.^{[8][9]}

Items

Each of the 20 items in the PCL-R is scored on a three-point scale, with a rating of 0 if it does not apply at all, 1 if there is a partial match or mixed information, and 2 if there is a reasonably good match to the offender. This is said^[2] to be ideally done through a face-to-face interview together with supporting information on lifetime behavior (e.g. from case files), but is also done based only on file information. It can take up to three hours to collect and review the information.^[10]

Out of a maximum score of 40, the cut-off for the label of psychopathy is 30 in the United States and 25 in the United Kingdom.^{[10][11]} A cut-off score of 25 is also sometimes used for research purposes.^[10]

High PCL-R scores are positively associated with measures of impulsivity and aggression, Machiavellianism, persistent criminal behavior, and negatively associated with measures of empathy and affiliation.^[10]

Early factor analysis of the *PCL-R* indicated it consisted of two factors.^[12] Factor 1 captures traits dealing with the interpersonal and affective deficits of psychopathy (e.g., shallow affect, superficial charm, manipulativeness, lack of empathy) whereas factor 2 dealt with symptoms relating to antisocial behavior: (e.g., criminal versatility, impulsiveness, irresponsibility, poor behavior controls, juvenile delinquency).^[12]

The two factors have been found by those following this theory to display different correlates. Factor 1 has been correlated with narcissistic personality disorder,^[12] low anxiety,^[12] low empathy,^[13] low stress reaction^[14] and low suicide risk^[14] but high scores on scales of achievement^[14] and social potency.^[14] In addition, the use of item response theory analysis of female offender PCL-R scores indicates factor 1 items are more important in measuring and generalizing the construct of psychopathy in women than factor-2 items.^[15]

In contrast, factor 2 was found to be related to antisocial personality disorder,^[12] social deviance,^[12] sensation seeking,^[12] low socioeconomic status^[12] and high risk of suicide.^[14] The two factors are nonetheless highly correlated^[12] and there are strong indications they do result from a single underlying disorder.^[16] Research,

however, has failed to replicate the two-factor model in female samples.^[17]

Researchers Cooke and Michie suggested, using statistical analysis involving confirmatory factor analysis,^[18] that a three-factor structure may provide a better model, with those items from factor 2 strictly relating to antisocial behavior (criminal versatility, juvenile delinquency, revocation of conditional release, early behavioral problems and poor behavioral controls) removed. The remaining items would be divided into three factors: arrogant and deceitful interpersonal style, deficient affective experience and impulsive and irresponsible behavioral style.^[18] Hare and colleagues have published detailed critiques of the three-factor model and argue that there are statistical and conceptual problems.^[19]

In the most recent edition of the *PCL-R*, Hare adds a fourth antisocial behavior factor, consisting of those factor-2 items excluded in the previous model.^[2] Again, these models are presumed to be hierarchical with a single, unified psychopathy disorder underlying the distinct but correlated factors.^[20]

The Cooke & Michie hierarchical three-factor model has severe statistical problems—i.e., it actually contains ten factors and results in impossible parameters (negative variances)—as well as conceptual problems. Hare and colleagues have published detailed critiques of the Cooke & Michie model.^[21] New evidence, across a range of samples and diverse measures, now supports a four-factor model of the psychopathy construct,^[22] which represents the interpersonal, affective, lifestyle, and overt antisocial features of the personality disorder.

Usage

The PCL-R is widely used to assess individuals in high security psychiatric units, prisons and other settings. This may be of help in deciding who should be detained or released, or who should undergo what kind of treatment. It is also used for its original purpose - to carry out basic psychology studies of psychopathy.

The PCL-R also has some wide use as a risk assessment tool that attempts to predict who will offend or reoffend. It has been touted as unparalleled in its ability in this regard, and there have been some positive studies, especially early on. However, several recent studies and very large-scale meta-analysis have cast serious doubt on whether it performs as well as other instruments, or better than chance, and to the extent that it does, whether this is largely due its inclusion of past offending history, rather than the personality trait scores that make it unique.^{[23][24][25][26]} In addition although in controlled research environments the Inter-rater reliability of the PCL-R may be satisfactory, in real-world settings it has been found to have rather poor agreement between different raters, especially on the personality trait scores.^[27] Further, a review which pooled together various risk assessment instruments including the PCL, found that peer-reviewed studies on which the developer or translator of the instrument was an author (which in no case was disclosed in the journal article) were twice as likely to report positive predictive findings.^[28]

On the purported basis of concerns about false positives, inadequately trained raters, and general misuse or overuse of the test including with different racial groups, an advice guide was published in 2011 on how to pass the Hare PCL-R.^[29]

There are additional inventories directly from the PCL-R, including the Psychopathy Checklist: Screening Version (PCL:SV) and Psychopathy Checklist: Youth Version (PCL:YV). The PCL:SV was developed as a labor-saving assessment for the same forensic settings as the PCL-R and to meet the needs of settings where clients do not necessarily have criminal records (e.g. civil psychiatric patients). The PCL:YV assesses juvenile psychopathy in children and adolescents.^[10]

Comparison with psychiatric diagnoses

Among laypersons and professionals, there is much confusion about the meanings and differences between psychopathy, sociopathy, antisocial personality disorder, and the ICD-10 diagnosis, dissocial personality disorder. Hare takes the stance that psychopathy as a syndrome should be considered distinct from the DSM-IV's antisocial personality disorder construct,^[2] even though ASPD and psychopathy were intended to be equivalent in the DSM-IV. However, those who created the DSM-IV felt that there was too much room for subjectivity on the part of clinicians when identifying things like remorse and guilt; therefore, the DSM-IV panel decided to stick to observable behavior, namely socially deviant behaviors.

As a result, the diagnosis of ASPD is something that the "majority of criminals easily meet".^[30] Hare goes further to say that the percentage of incarcerated criminals that meet the requirements of ASPD is somewhere between 80 and 85 percent, whereas only about 20% of these criminals would qualify for a diagnosis of what Hare's scale considers to be a psychopath.^[31] This twenty percent, according to Hare, accounts for 50 percent of all the most serious crimes committed, including half of all serial and repeat rapists.

Hare wants the *Diagnostic and Statistical Manual of Mental Disorders* to list psychopathy as a unique disorder, saying psychopathy has no precise equivalent^[32] in either the *DSM-IV-TR*, where it is most strongly correlated with the diagnosis of antisocial personality disorder, or the *ICD-10*, which has a partly similar condition called dissocial personality disorder. Both organizations view the terms as synonymous. But only a minority of those in institutions whom Hare and his followers would diagnose as psychopaths are violent offenders.^{[33][34]}

Other psychopathy findings

According to Hare, one FBI study produced in 1992 found that 44 percent of offenders who killed a police officer were psychopaths.^[35] The study was 'Killed in the Line of Duty: A Study of Selected Felonious Killings of Law Enforcement Officers.'^[36]

There has been some controversy over the use of the PCL-R by UK prison and secure psychiatric services, including its role in the government's new administrative category of 'Dangerous and Severe Personality Disorder' (a separate older administrative category of 'psychopathic disorder' in the Mental Health Act was abolished in 2007). One leading forensic psychologist, while Deputy Chief at the Ministry of Justice, has argued that it has not lived up to claims that it could identify those who would not benefit from current treatments or those most likely to violently reoffend.^{[37][38]}

A study using the PCL-R to examine the relationship between antisocial behavior and suicide found that suicide history was strongly correlated to PCL-R factor 2 (reflecting antisocial deviance) and was not correlated to PCL-R factor 1 (reflecting affective functioning). Given that ASPD relates to factor 2, whereas psychopathy relates to both factors, this would confirm Hervey M. Cleckley's assertion that psychopaths are relatively immune to suicide. People with ASPD, on the other hand, have a relatively high suicide rate.^[39]

The PCL-R is sometimes used to assess risk of sexual (re)offending, with mixed results.^[40]

Since psychopaths frequently cause harm through their actions, it is assumed that they are not emotionally attached to the people they harm; however, according to the PCL-R checklist, psychopaths are also careless in the way they treat themselves. They frequently fail to alter their behavior in a way that would prevent them from enduring future discomfort.

In practice, mental health professionals rarely treat psychopathic personality disorders as they are considered untreatable and no interventions have proved to be effective.^[41] In England and Wales the diagnosis of antisocial personality disorder is grounds for detention in secure psychiatric hospitals under the Mental Health Act 1983 if the individual has committed a serious crime. But since such individuals are disruptive for other patients and are not responsive to treatment this alternative to prison is not often used.^[42]

Because an individual's scores may have important consequences for his or her future, the potential for harm if the test is used or administered incorrectly is considerable. The test can only be considered valid if administered by a suitably qualified and experienced clinician under controlled conditions.^{[2][3]}

The manipulative skills of some psychopaths are valued for providing audacious leadership.^[43] It is argued psychopathy is adaptive in a highly competitive environment, because it gets results for both the individual and the corporations^{[44][45][46]} or, often small political sects they represent.^[47] However, these individuals will often cause long-term harm, both to their co-workers and the organization as a whole, due to their manipulative, deceitful, abusive, and fraudulent behaviour.^[48]

Hare has described psychopaths as 'social predators',^[49] 'remorseless predators',^[50] or in some cases 'lethal predators',^[51] and has stated that 'Psychopathic depredations affect people in all races, cultures, and ethnic groups, and at all levels of income and social status'.^[52]

Criticism

In addition to the aforementioned report by Cooke and Michie that a three-factor structure may provide a better model than the two-factor structure, Hare's concept and checklist have faced other criticisms.^[18]

In 2010 there was controversy after it emerged that Hare had threatened legal action that stopped publication of a peer-reviewed article on the PCL-R. Hare alleged the article quoted or paraphrased him incorrectly. The article eventually appeared three years later. It alleged that the checklist is wrongly viewed by many as the basic definition of psychopathy, yet it leaves out key factors, while also making criminality too central to the concept. The authors claimed this leads to problems in overdiagnosis and in the use of the checklist to secure convictions. Hare has since stated that he receives less than \$35,000 a year from royalties associated with the checklist and its derivatives.^[53]

Hare's concept has also been criticised as being only weakly applicable to real-world settings and tending towards tautology. It is also said to be vulnerable to "labeling effects"; to be over-simplistic; reductionistic; to embody the fundamental attribution error; and to not pay enough attention to context and the dynamic nature of human behavior.^[54] It has been pointed out that half the criteria can also be signs of mania, hypomania, or frontal lobe dysfunction (e.g., glibness/superficial charm, grandiosity, poor behavioral controls, promiscuous sexual behavior, and irresponsibility).^[55]

Some research suggests that ratings made using the PCL system depend on the personality of the person doing the rating, including how empathic they themselves are. One forensic researcher has suggested that future studies need to examine the class background, race and philosophical beliefs of raters because they may not be aware of enacting biased judgments of people whose section of society or individual lives they have no understanding of or empathy for.^{[56][57]}

Notable examples

- Canada's two most notorious serial killers, Paul Bernardo and Karla Homolka, were rated on the checklist. Homolka scored 5/40 and Bernardo 35/40.^[58]
- Peter Lundin scored 39/40.^{[59][60]}
- Clifford Olson scored 38/40.^[58]
- Aileen Wuornos scored 32/40.^[58]

See also

- Diagnostic classification and rating scales used in psychiatry
- Actuarial tools in criminology
- Levenson Self-Report Psychopathy Scale
- Psychopathic Personality Inventory
- Narcissism
- Psychopathy

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- Babiak, P., & Hare, R. D. (2006). "Snakes in suits: When psychopaths go to work", New York: Harper Collins.
- *The Psychopath Test: A Journey Through the Madness Industry* (2011), an accessible book by gonzo journalist Jon Ronson

External links

- Encyclopedia of Mental Disorders: Hare Psychopathy Checklist (<http://www.minddisorders.com/Flu-Inv/Hare-Psychopathy-Checklist.html>)
- Generality of Psychopathy Checklist – Revised Factors Over Prisoners and Substance-Dependent Patients. (<http://psych.wisc.edu/newman/SecurePDF/Mcdermott%202000.pdf>)
- This American Life radio documentary on the PCL-R and its use (<http://www.thisamericanlife.org/radio-archives/episode/436/the-psychopath-test>)

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